

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American Academy of Family Physicians Political Action Committee

ADDRESS (number and street)

2021 Massachusetts Avenue, NW

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20036

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00411553

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☒

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of(d) 30-Day  
Post -Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

08

01

2010

through

08

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Randell K. Wexler, MD

Signature of Treasurer Electronically Filed by Randell K. Wexler, MD

Date

09

20

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2010</span>		263211.18
(b) Cash on Hand at Beginning of Reporting Period .....	206400.61	
(c) Total Receipts (from Line 19) .....	18507.21	231782.39
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	224907.82	494993.57
7. Total Disbursements (from Line 31) .....	18394.93	288480.68
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	206512.89	206512.89
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	8	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	13179.85	182022.15
(ii) Unitemized .....	4632.27	45118.90
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	17812.12	227141.05
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	17812.12	227141.05
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	695.09	4141.34
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	18507.21	231782.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	18507.21	231782.39

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	394.93	4530.68	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	394.93	4530.68	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18000.00	283500.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	450.00	
(b) Political Party Committees .....	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	450.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	18394.93	288480.68	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18394.93	288480.68	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	17812.12	227141.05
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	450.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17812.12	226691.05
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	394.93	4530.68
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	695.09	4141.34
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-300.16	389.34

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Frederic Baker, MD

Mailing Address 32 Mark Cir

City

Holden

State

MA

Zip Code

01520-1410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UMMHC

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.48

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 0

Transaction ID: C968198

Amount of Each Receipt this Period

43.64

**B.**

Full Name (Last, First, Middle Initial)

Justin V Bartos, MD

Mailing Address 4351 Booth Calloway Rd Ste 101

City

North Richland Hil

State

TX

Zip Code

76180-7319

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Hills Family Medi-  
cine

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 0 / 2 0 1 0

Transaction ID: C968772

Amount of Each Receipt this Period

31.00

**C.**

Full Name (Last, First, Middle Initial)

Joane Goforth Baumer, MD

Mailing Address 1500 S Main St

City

Fort Worth

State

TX

Zip Code

76104-4917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1664.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 3 / 2 0 1 0

Transaction ID: C966545

Amount of Each Receipt this Period

208.00

**SUBTOTAL** of Receipts This Page (optional) .....

282.64

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mark Harris Belfer, DO

Mailing Address 3600 W Market St Ste 102

City

Fairlawn

State

OH

Zip Code

44333-4540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Akron General Medical Cen-  
ter

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 9 / 2 0 1 0

Transaction ID: C972040

Amount of Each Receipt this Period

36.50

**B.**

Full Name (Last, First, Middle Initial)

Reid B Blackwelder, MD

Mailing Address 4407 Leedy Rd

City

Kingsport

State

TN

Zip Code

37664-2117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
East Tennessee State Univ-  
ersity

Occupation  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 7 / 2 0 1 0

Transaction ID: C971767

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Robert C M Bourne, MD

Mailing Address 1300 E Cooley Dr

City

Colton

State

CA

Zip Code

92324-3905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Beaver Medical Group

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.43

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 3 / 2 0 1 0

Transaction ID: C969892

Amount of Each Receipt this Period

30.42

**SUBTOTAL** of Receipts This Page (optional) .....

166.92

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 8 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

June G Bredin, MD

Mailing Address 4924 153Rd PI Sw

City

Edmonds

State

WA

Zip Code

98026-4435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wa DSHS/Rainier School

Occupation

family physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 3 / 2 0 1 0

Transaction ID: C966542

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Mary Frances Callahan, MD

Mailing Address 109 Picadilly Rd

City

Port Matilda

State

PA

Zip Code

16870-7509

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gysinger Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 3 / 2 0 1 0

Transaction ID: C969836

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Cory D Carroll, MD

Mailing Address 1040 E Elizabeth St Ste 2

City

Fort Collins

State

CO

Zip Code

80524-3952

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 0

Transaction ID: C968199

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

330.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

James George Chaconas, MD

Mailing Address 1832 Cove Point Rd

City

Annapolis

State

MD

Zip Code

21401-1010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MPCP

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 6 / 2 0 1 0

Transaction ID: C963797

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Sheree Clark, MD

Mailing Address 4227 Partridge Ln  
Ste D2100

City

Midland

State

MI

Zip Code

48640-2107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mid-Michigan Physicians  
Group

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 0

Transaction ID: C967541

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Steven A Crawford, MD

Mailing Address 900 Ne 10Th St

City

Oklahoma City

State

OK

Zip Code

73104-5420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Oklahoma

Occupation  
Physician Faculty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1610.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 0

Transaction ID: C963662

Amount of Each Receipt this Period

230.00

**SUBTOTAL** of Receipts This Page (optional) .....

960.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mary Margaret Crestani, MD

Mailing Address 301 Governors Dr Sw

City

Huntsville

State

AL

Zip Code

35801-5122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ. of AL Sch of Med -  
Huntsville Re

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 4 / 2 0 1 0

Transaction ID: C970031

Amount of Each Receipt this Period

45.00

**B.**

Full Name (Last, First, Middle Initial)

Samuel Alfred Crow, MD

Mailing Address 1640 E Kearney St

City

Springfield

State

MO

Zip Code

65803-4106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Johns Family Medicine

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 0

Transaction ID: C967544

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Jose M David, MD

Mailing Address 804 Huntington Ct

City

Albany

State

NY

Zip Code

12203-6015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Prime Care Physicians

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 0

Transaction ID: C968603

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

910.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mark A Dickens

Mailing Address 2164 Commons Pkwy

City

Okemos

State

MI

Zip Code

48864-3986

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Michigan Academy of Family  
Physicians

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 0 / 2 0 1 0

Transaction ID: C964972

Amount of Each Receipt this Period

60.00

**B.**

Full Name (Last, First, Middle Initial)

Sheridan Scott Evans, MD

Mailing Address 417 Shumate Dr

City

Mckinney

State

TX

Zip Code

75071-7851

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 1 0

Transaction ID: C968549

Amount of Each Receipt this Period

31.50

**C.**

Full Name (Last, First, Middle Initial)

Wanda D Filer, MD

Mailing Address 510 Aqua Ct

City

York

State

PA

Zip Code

17403-3623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Strategic Health Institute

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 1 / 2 0 1 0

Transaction ID: C966351

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional) .....

441.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Seth Yawki Flagg, MD

Mailing Address 9129 Bradford Rd

City

Silver Spring

State

MD

Zip Code

20901-4917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USN

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 3 / 2 0 1 0

Transaction ID: C962041

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)

Michael O Fleming, MD

Mailing Address 556 Dunmoreland Dr

City

Shreveport

State

LA

Zip Code

71106-6125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amedisys, Inc.

Occupation  
Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 8 / 2 0 1 0

Transaction ID: C972035

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Robert Charles Glorioso, MD

Mailing Address 2320 Ashleigh Dr

City

York

State

PA

Zip Code

17402-4987

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 6 / 2 0 1 0

Transaction ID: C964018

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 37

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Roland Adolph Goertz, MD

Mailing Address 1600 Providence Dr

City

Waco

State

TX

Zip Code

76707-2261

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Family Practice CenterOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3336.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	2	/	2	0	1	0

Transaction ID: C966411

Amount of Each Receipt this Period

417.00

**B.**

Full Name (Last, First, Middle Initial)

Boyde Jerome Harrison, MD

Mailing Address 904 26th Street

City

Haleyville

State

AL

Zip Code

35565-0655

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	7	/	2	0	1	0

Transaction ID: C971769

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Lori J Heim, MD

Mailing Address 250 Hollybrook Farm Ln

City

Vass

State

NC

Zip Code

28394-8952

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Scotland Memorial HospitalOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3333.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	0	/	2	0	1	0

Transaction ID: C964955

Amount of Each Receipt this Period

416.67

SUBTOTAL of Receipts This Page (optional) .....

883.67

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Daniel J Heinemann, MD

Mailing Address PO BOX 5039

City

Sioux Falls

State

SD

Zip Code

57117-5039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sioux Valley Health Systems

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 1 / 2 0 1 0

Transaction ID: C969822

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Beulette Y Hooks, MD

Mailing Address 7286 E Wynfield Loop

City

Midland

State

GA

Zip Code

31820-3925

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DOD

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 0

Transaction ID: C963666

Amount of Each Receipt this Period

91.25

**C.**

Full Name (Last, First, Middle Initial)

Elvin C Irvin, MD

Mailing Address 555 East Cheves Street

City

Florence

State

SC

Zip Code

29502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baptist Health Care

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 6 / 2 0 1 0

Transaction ID: C967514

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

641.25

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Christina Marie Kelly, MD

Mailing Address 6502 62Nd Street Ct W

City

University Place

State

WA

Zip Code

98467-4954

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Multicare Health System

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 8 / 2 0 1 0

Transaction ID: C972036

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Gregory Michael Kimura, MD

Mailing Address 16352 Sundancer Ln

City

Huntington Beach

State

CA

Zip Code

92649-2530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Centers For Family Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 0

Transaction ID: C963715

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

James Darrel King, MD

Mailing Address 1 Prime Care Dr

City

Selmer

State

TN

Zip Code

38375-1864

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Primecare Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 1 / 2 0 1 0

Transaction ID: C961556

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Sandra F King, RN

Mailing Address 1452 High School Rd

City

Selmer

State

TN

Zip Code

38375-2342

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Unemployed

Occupation

Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 1 / 2 0 1 0

Transaction ID: C961557

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Laura C Knobel, MD

Mailing Address 3 Freedom Way

City

Walpole

State

MA

Zip Code

02081-2290

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 1 0

Transaction ID: C968580

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Darlene L Lawrence, MD

Mailing Address 1530 Gallatin PI NE

City

Washington

State

DC

Zip Code

20017-3101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medstar

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 4 / 2 0 1 0

Transaction ID: C967497

Amount of Each Receipt this Period

30.42

**SUBTOTAL** of Receipts This Page (optional) .....

205.42

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 17 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Timothy F Linder, MD

Mailing Address 1 Prime Care Dr

City

Selmer

State

TN

Zip Code

38375-1864

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Primecare Medical Center

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 1 0

Transaction ID: C962412

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Beth Lawson Loney, MD

Mailing Address 4813 E 27th St N

City

Wichita

State

KS

Zip Code

67220-2632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wesley Family Medicine Residency

Occupation  
Resident

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 2 / 2 0 1 0

Transaction ID: C961587

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Karim Habib Lopez, MD

Mailing Address 6966 Crystal Creek Dr

City

Brecksville

State

OH

Zip Code

44141-2174

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Metro Health Hospital

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 0

Transaction ID: C977716

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

1230.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Leah Raye R Mabry, MD

Mailing Address 339 S Presa St

City

San Antonio

State

TX

Zip Code

78205-3425

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Christus Health Care

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 2 / 2 0 1 0

Transaction ID: C969828

Amount of Each Receipt this Period

120.00

**B.**

Full Name (Last, First, Middle Initial)

Jesus A Manteca, MD

Mailing Address 1832 Weeg Way

City

Park Ridge

State

IL

Zip Code

60068-1230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 9 / 2 0 1 0

Transaction ID: C964644

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Michele C Marler, MD

Mailing Address 122 10Th Ave S

City

Shelby

State

MT

Zip Code

59474-2224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 9 / 2 0 1 0

Transaction ID: C964646

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Larry Thomas McClure, MD

Mailing Address 908 Wallace Ave Ste 103

City

Leitchfield

State

KY

Zip Code

42754-1479

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 0

Transaction ID: C967543

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Amy Kristen McIntyre, MD

Mailing Address 695 E Holly St Apt 302

City

Boise

State

ID

Zip Code

83712-7817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Family Medicine Residency  
of Idaho

Occupation  
Resident Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 1 0

Transaction ID: C962432

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Howard C McMahan, MD

Mailing Address PO BOX 779

City

Ocilla

State

GA

Zip Code

31774-0779

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 4 / 2 0 1 0

Transaction ID: C967494

Amount of Each Receipt this Period

62.50

**SUBTOTAL** of Receipts This Page (optional) .....

477.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Randolph V Merrick, MD

Mailing Address 303 Madison Rd  
# B

City State Zip Code  
Orange VA 22960-1015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 0

Transaction ID: C977196

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Katherine Merrill, MD

Mailing Address 35798 Dow Ln

City State Zip Code  
Astoria OR 97103-8110

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 9 / 2 0 1 0

Transaction ID: C964629

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Kevin P Mikus, MD

Mailing Address 2407 Plantation Center Dr, Ste 102

City State Zip Code  
Matthews NC 28105-6614

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Carolinas Physician Netwo-  
rk

Occupation  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 7 / 2 0 1 0

Transaction ID: C971770

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Anne M Montgomery, MD

Mailing Address 104 W 5Th Ave Ste 200W

City

Spokane

State

WA

Zip Code

99204-4803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inland Empire Hospital Se-  
rvices Associ

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 8 / 2 0 1 0

Transaction ID: C964078

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Cheri L Olson, MD

Mailing Address 102 Kinder Rd

City

La Crescent

State

MN

Zip Code

55947-9741

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Franciscan Healthcare

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 3 / 2 0 1 0

Transaction ID: C967487

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Yvette Oquendo, MD

Mailing Address 7442 Weather Worn Way

City

Columbia

State

MD

Zip Code

21046-1480

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Potomac Physicians, PA

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 4 / 2 0 1 0

Transaction ID: C967498

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Javette C Orgain, MD

Mailing Address PO BOX 806527

City

Chicago

State

IL

Zip Code

60680-4126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Illinois

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 4 / 2 0 1 0

Transaction ID: C967495

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Donya Ann Powers, MD

Mailing Address 174 Armistice Blvd Ste A1

City

Pawtucket

State

RI

Zip Code

02860-3269

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 2 / 2 0 1 0

Transaction ID: C961562

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Kenneth M Ripp, MD

Mailing Address 1402 Slate St

City

Cloquet

State

MN

Zip Code

55720-3033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Raiter Clinic

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 0 / 2 0 1 0

Transaction ID: C972046

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional) .....

360.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Sarah L Sams, MD

Mailing Address 2994 Frazell Rd

City

Hilliard

State

OH

Zip Code

43026-9785

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Grant Medical Center

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 8 / 2 0 1 0

Transaction ID: C972037

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Maria A Schiaffino, MD

Mailing Address 4413 Paces Battle Nw

City

Atlanta

State

GA

Zip Code

30327-3023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Southeast Permanente  
Medical Group

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 3 / 2 0 1 0

Transaction ID: C966543

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Larry A Severa, MD

Mailing Address 61 Calendula Ct

City

Billings

State

MT

Zip Code

59105-2379

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Billings Clinic

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.50

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 2 / 2 0 1 0

Transaction ID: C969829

Amount of Each Receipt this Period

36.50

**SUBTOTAL** of Receipts This Page (optional) .....

186.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

George Wm Shannon, MD

Mailing Address 2301 Slate Dr

City

Columbus

State

GA

Zip Code

31906-1443

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Horizons Diagnostics LLC

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 1 / 2 0 1 0

Transaction ID: C966352

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Linda Marie Siy, MD

Mailing Address 4133 Bilglade Rd

City

Fort Worth

State

TX

Zip Code

76109-5436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of North Texas  
Health Scien

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

427.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 0

Transaction ID: C968662

Amount of Each Receipt this Period

36.50

**C.**

Full Name (Last, First, Middle Initial)

Brent Smith, MD

Mailing Address 285 Normandy Cir

City

Madison

State

MS

Zip Code

39110-9057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Mississippi  
Medical Cent

Occupation

House Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 0 / 2 0 1 0

Transaction ID: C964953

Amount of Each Receipt this Period

30.50

**SUBTOTAL** of Receipts This Page (optional) .....

267.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Don A Solberg, MD

Mailing Address 716 E Manitoba Ave

City

Ellensburg

State

WA

Zip Code

98926-3842

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Valley Clinic

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 4 / 2 0 1 0

Transaction ID: C967499

Amount of Each Receipt this Period

36.50

**B.**

Full Name (Last, First, Middle Initial)

Windel A Stracener, MD

Mailing Address 1050 Reid Pkwy Ste 210  
Ste 210

City

Richmond

State

IN

Zip Code

47374-1160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inpatient Management Inc

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.21

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 0

Transaction ID: C963670

Amount of Each Receipt this Period

122.45

**C.**

Full Name (Last, First, Middle Initial)

Glen R Stream, MD

Mailing Address 14408 E Sprague Ave

City

Spokane Valley

State

WA

Zip Code

99216-2167

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rockwood Clinic

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 1 / 2 0 1 0

Transaction ID: C966353

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

658.95

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Nancy C Swikert, MD

Mailing Address 8780 Us Highway 42

City

Florence

State

KY

Zip Code

41042-6936

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Elizabeth

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 1 0

Transaction ID: C970293

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Michael P Temporal, MD

Mailing Address 180 S 3Rd St Ste 400

City

Belleville

State

IL

Zip Code

62220-1952

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saint Louis University

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 1 0

Transaction ID: C967501

Amount of Each Receipt this Period

42.00

**C.**

Full Name (Last, First, Middle Initial)

Michelle Torres, MD

Mailing Address 914 Shady Bend Dr  
Apt 624

City

Kennedale

State

TX

Zip Code

76060-5493

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Texas Health Care

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 3 / 2 0 1 0

Transaction ID: C969835

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

907.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 37

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Lloyd P Van Winkle, MD

Mailing Address PO BOX 960

City

Castroville

State

TX

Zip Code

78009-0960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	1	0

Transaction ID: C971768

Amount of Each Receipt this Period

36.50

**B.**

Full Name (Last, First, Middle Initial)

Raymond R Walker, MD

Mailing Address 4130 Persimmon Hill Cv

City

Bartlett

State

TN

Zip Code

38135-5175

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tenet HealthcareOccupation  
Physician/Hospitalist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	1	0

Transaction ID: C964954

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Thomas J Weida, MD

Mailing Address 845 Fishburn Rd

City

Hershey

State

PA

Zip Code

17033-2015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hershey Medical CenterOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	1	0

Transaction ID: C969821

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

336.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Charles W White, MD

Mailing Address 250 Boswell St

City

Lexington

State

TN

Zip Code

38351-1566

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lexington Family Physicia-  
ns

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 6 / 2 0 1 0

Transaction ID: C963796

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

J Mack Worthington, MD

Mailing Address 1100 E 3Rd St

City

Chattanooga

State

TN

Zip Code

37403-2241

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Tennessee

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 2 / 2 0 1 0

Transaction ID: C961576

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

David K Zetterman, MD

Mailing Address PO BOX 1817

City

Seward

State

AK

Zip Code

99664-1817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Chugachmint

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 9 / 2 0 1 0

Transaction ID: C972041

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional) .....

235.00

**TOTAL** This Period (last page this line number only) .....

13179.85

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 37

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2672

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4141.34

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 3 / 2 0 1 0

Transaction ID: C962283

Amount of Each Receipt this Period

318.91

**B.**

Full Name (Last, First, Middle Initial)

American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2672

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4141.34

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 9 / 2 0 1 0

Transaction ID: C964323

Amount of Each Receipt this Period

48.73

**C.**

Full Name (Last, First, Middle Initial)

American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2672

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4141.34

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 1 0

Transaction ID: C977299

Amount of Each Receipt this Period

327.45

**SUBTOTAL** of Receipts This Page (optional) .....

695.09

**TOTAL** This Period (last page this line number only) .....

695.09

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 37

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852	<b>Transaction ID:</b> D97000 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 2 / 2 0 1 0</div> </div>
City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>13.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D97001 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 2 / 2 0 1 0</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1.63</div>
<b>C.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D97002 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 9 / 2 0 1 0</div> </div> <b>Amount of Each Disbursement this Period</b> <div>26.72</div>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

41.35

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 37

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D97003

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1.14

B.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D97004

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3.25

C.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D97005

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3.25

**SUBTOTAL** of Disbursements This Page (optional) .....

7.64

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852	<b>Transaction ID:</b> D97192 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 6 / 2 0 1 0</div> </div>
City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>21.67</div>
<b>B.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D97193 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 6 / 2 0 1 0</div> </div> <b>Amount of Each Disbursement this Period</b> <div>7.48</div>
<b>C.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D97194 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 7 / 2 0 1 0</div> </div> <b>Amount of Each Disbursement this Period</b> <div>7.74</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**36.89**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852	<b>Transaction ID:</b> D97195 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 8 / 2 0 1 0</div> </div>
City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>6.36</div>
<b>B.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D97196 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 9 / 2 0 1 0</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1.01</div>
<b>C.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D97197 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 0 / 2 0 1 0</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2.49</div>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

9.86

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement

Bank card processing fee

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: D97198

Date of Disbursement

/   /

Amount of Each Disbursement this Period

17.44

B.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement

Bank card processing fee

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: D97199

Date of Disbursement

/   /

Amount of Each Disbursement this Period

0.65

C.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement

Bank card processing fee

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: D97200

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1.63

**SUBTOTAL** of Disbursements This Page (optional) .....

19.72

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement

Bank card processing fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D97201

Date of Disbursement

08 / 24 / 2010

Amount of Each Disbursement this Period

1.01

B.

Full Name (Last, First, Middle Initial)

Bank Of America Merchant Services

Mailing Address WA2-505-01-40  
PO Box 2485

City  
Spokane

State  
WA

Zip Code  
99210-2485

Purpose of Disbursement

Bank card processing fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D96999

Date of Disbursement

08 / 02 / 2010

Amount of Each Disbursement this Period

251.26

C.

Full Name (Last, First, Middle Initial)

Discover Network

Mailing Address P O Box 52145

City  
Phoenix

State  
AZ

Zip Code  
85072-2145

Purpose of Disbursement

Bank card processing fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D97006

Date of Disbursement

08 / 03 / 2010

Amount of Each Disbursement this Period

27.20

SUBTOTAL of Disbursements This Page (optional) .....

279.47

TOTAL This Period (last page this line number only) .....

394.93

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Trivedi for Congress</p> <p>Mailing Address 83 W Main St Ste 2</p> <p>City Elverson State PA Zip Code 19520-9417</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Dr. Manan Trivedi</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D97069</p> <p>Date of Disbursement  <div> <div>08</div> <div>26</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>2500.00</div> </p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS</p> <p>Mailing Address P. O. Box 17813</p> <p>City Richmond State VA Zip Code 23226</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Rep. Eric I. Cantor</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: VA District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D96926</p> <p>Date of Disbursement  <div> <div>08</div> <div>16</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>3000.00</div> </p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) MARSHA BLACKBURN FOR CONGRESS INC.</p> <p>Mailing Address PO Box 682185</p> <p>City Franklin State TN Zip Code 37068</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Rep. Marsha Blackburn</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TN District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D96928</p> <p>Date of Disbursement  <div> <div>08</div> <div>16</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>2500.00</div> </p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**8000.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

BENNET FOR COLORADO

Mailing Address PO BOX 3078

City  
DENVER

State  
CO

Zip Code  
80201

Purpose of Disbursement  
Campaign contribution

Candidate Name  
Sen. Michael Bennet

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CO District: 00

Transaction ID: D96929

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

PEOPLE FOR PATTY MURRAY U S SENATE CAMPAIGN

Mailing Address PO Box 3662

City  
Seattle

State  
WA

Zip Code  
98124-3662

Purpose of Disbursement  
Campaign contribution

Candidate Name  
Sen. Patty Murray

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WA District: 00

Transaction ID: D97068

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

WEDGE PAC

Mailing Address PO Box 680063

City  
Franklin

State  
TN

Zip Code  
37068

Purpose of Disbursement  
Campaign contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D96927

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) .....

10000.00

TOTAL This Period (last page this line number only) .....

18000.00